

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10674505**

FILING DATE **10-1-02**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4	1					
5	1					
6		2				
7	1					
8		1				
9	1					
10	1					
11		1				
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	9					
TOTAL CLAIMS	16					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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